

Permitted Work

Telling us about paid work you want to do

Please complete this form to tell us about any paid work you intend to do while you are getting any of the following because of your illness or disability -

- Incapacity Benefit
- Severe Disablement Allowance
- National Insurance Credits
- Income Support

If you need help completing this form

You can ask someone else to complete it for you, but you must sign it (if you can).

Or you can call into a social security office or contact the Incapacity Benefits Team by email at incapacitybenefits@gov.im or by phoning 685656 (option 1).

About permitted work

The permitted work rules allow you to -

- Work and earn up to £40.00 a week for an unlimited period.
- Work **for up to 52 weeks** provided you work for less than 16 hours a week, on average, and you **earn no more than £192 a week**.
- Do **supported permitted work** for an unlimited period provided you **earn no more than £192 a week**. Supported permitted work means work that is supervised by someone who is employed by the Government, a local authority or a voluntary organisation, whose job it is to arrange work for people with disabilities. This could be work done in the community or in a sheltered workshop. It also includes work as part of a hospital treatment programme. You can do supported permitted work for an unlimited period.
- You cannot begin any permitted work until your request has been authorised in writing. Any work undertaken prior to this may affect any benefit paid to you.



Isle of Man
Government
Reilysa Eilan Vannin

The Treasury

Yn Tashtey

Form PW1 April 2024

How your earnings may affect your benefit

Permitted work will not affect your Incapacity Benefit, Severe Disablement Allowance or your right to National Insurance credits.

However, if you earn more than £40.00 a week it will affect any Income Support you get and you must tell the Income Support Team about your earnings. You can email them at incomesupport@gov.im or phone them on 685656 (option 1 and then option 2).

Also, if you start permitted work you should tell the Income Tax Office. You should ask them how your earnings may affect the tax you pay.

Medical test

You don't need your doctor's approval to do permitted work, though you may wish to discuss it with them.

You won't have to have a medical test just because you want to start doing permitted work.

Contact information

If you want more information about permitted work, please get in touch with us -

Address: Incapacity Benefit Team
Social Security Division
Markwell House
Market Street
Douglas
Isle of Man
IM1 2RZ

Telephone: 01624 685656 (option 1)

Email: incapacitybenefits@gov.im

Website: www.gov.im/socialsecurity

All calls to and from Social Security are recorded for the benefit of our customers and staff to assist in the provision of service standards and to prevent any potential disputes.

To find out more about how we use information, contact any of our offices or visit our Social Security Division [privacy notice](#) page on the gov.im website.

About this form

There are 5 Parts to this form. Everyone must fill in **Parts 1, 2, 3** and **5**.

If you're going to be doing **supported permitted work**, your support worker or the person supervising your work must complete **Part 4** of this form.

Part 1

About you

Title

For example Mr, Mrs, Miss, Ms.

Your surname

Other names

Your address

<input type="text"/>
<input type="text"/>

Postcode

Your date of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

National Insurance

(NI) number (if you know it)

Letters

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Numbers

<input type="text"/>	<input type="text"/>
----------------------	----------------------

<input type="text"/>	<input type="text"/>
----------------------	----------------------

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Letter

<input type="text"/>

Daytime telephone number

What is this number?

Home

Mobile

Work

If we may contact you by email, please provide your email address.

Email address

Employer's Name

Company address

Postcode

Employer's contact name
Mr/Mrs/Miss/Ms/Other, Name (in capitals
please)

Employer's contact position in organisation

Employer's telephone number

Employer's email

Employer's stamp (if available)

*we need this information because we may contact your employer to confirm these details.

Is your work self-employed? Yes No

Your job title

What date will the job begin?

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

How much will you earn?

£ <input type="text"/>	Weekly	Monthly
	<input type="text"/>	<input type="text"/>

Will the amount you earn change?

Yes No

How many hours on average will you work each week?

<input type="text"/>

hours per week

Will the hours you work change?

Yes No

Please note: the information on this page is **mandatory** and permitted work cannot be awarded unless this information is supplied. Your form will be returned to you where information is missing.

Part 4**About the organisation who will be providing the ongoing support and supervision of your work**

If you want to do **supported permitted work**, this part must be completed by your professional support worker. This is someone who works for the Government, a local authority or a voluntary organisation and organises work for people with disabilities.

The support worker should provide ongoing and regular support and supervision over the work you are telling us about.

Title

Mr

Mrs

Miss

Ms

Name of support worker**Official address**

Postcode

Organisation stamp**Daytime telephone number****Support worker's declaration**

By completing Part 4 above, **I am agreeing** that this work will be **supported** and **supervised** by my organisation on an ongoing and regular basis

Support worker's signature**Date**

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Part 5

Your declaration

I declare that the information I have given on this form is correct and complete.

I understand that if I give false information that is incorrect or incomplete, action may be taken against me.

I understand that the Department may use the information which it has now or may get in the future, to decide whether I am entitled to:

- the benefit I am claiming
- any other benefit I have claimed
- any other benefit I may claim in the future

Your signature

Date

--	--	--

How the Treasury collects and uses information

To find out more about how we use information, contact any of our offices or visit our Social Security Division [privacy notice](#) page on the gov.im website.

What to do now

- Please make sure that you have
 - answered all the questions that apply to you in **Parts 1, 2** and **3** of this form, and
 - signed and dated under **Your declaration** in **Part 5**.
- If you want to do supported permitted work make sure that your support worker has completed and signed **Part 4** of this form.
- When complete, take or send this form to us.



Isle of Man
Government

Reiltsa Eilan Vannin

The Treasury

Yn Tashtey

Form PW1 April 2024